

*Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determination Under the EIP*

**Appendix D – Evaluation Summary Forms**

**EARLY INTERVENTION PROGRAM  
MULTIDISCIPLINARY EVALUATION SUMMARY FORM**

|  |   |  |
|--|---|--|
| <b>Child's Name:</b> _____   |   |  |
| <b>DOB:</b> ____/____/____   | <b>Last</b> _____   | <b>First</b> _____ <b>Middle</b> _____ |
| <b>Date of Evaluation Establishing Eligibility</b> ____/____/____  |   |  |
| <input type="checkbox"/> <b>NOT ELIGIBLE</b><br>Write V79.3 – Not Eligible<br>Attach evaluation report.<br>Attach Core/ Supplemental Evaluation Summary Sheets   |   |  |
| <input type="checkbox"/> <b>ELIGIBLE - BASED ON DIAGNOSED CONDITION</b><br>Sufficient to determine eligibility. Submit the following to assist in developing service plan:<br>1. Indicate Diagnostic Condition in Part A. Attach documentation of diagnosis.<br>2. Attach <i>Core Evaluation - Data Entry Form, Supplemental Data Entry Form(s), and Narrative Summary of Evaluation.</i><br>3. Attach all evaluation reports  | <input type="checkbox"/> <b>ELIGIBLE - BASED ON DELAY</b><br>Submit the following to assist in developing service plan:<br>1. This page.<br>2. <i>Core Evaluation-Data Entry Form, Supplemental Evaluation-Data Entry Form(s), and Narrative Summary.</i><br>3. Attach all evaluation reports.<br>4. Indicate ICD 9 Code in Part B.   |  |
| <b>A. Diagnosed Physical and Mental Conditions With a High Probability of Developmental Delay.</b> Complete this section only if child is eligible based on diagnosed condition. Attach documentation of diagnosis by physician or clinician.  |   |  |
| <input type="checkbox"/> 270.2 - Albinism<br><input type="checkbox"/> 759.89 - Angelman's<br><input type="checkbox"/> 743.45 - Aniridia<br><input type="checkbox"/> 728.3 - Arthrogryposis<br><input type="checkbox"/> 314.00 - Attention Deficit Disorder w/o Hyperactivity<br><input type="checkbox"/> 314.01 - Attention Deficit Disorder with Hyperactivity<br><input type="checkbox"/> 369.00 - Blindness, both eyes<br><input type="checkbox"/> 369.10 - Blindness one eye, low vision other eye<br><input type="checkbox"/> 749.00 - Cleft Palate<br><input type="checkbox"/> 759.7 - CHARGE Association<br><input type="checkbox"/> 389.00 - Conductive Hearing Loss - Nos<br><input type="checkbox"/> 742.3 - Congenital Hydrocephalus<br><input type="checkbox"/> 359.0 - Congenital Muscular Dystrophy<br><input type="checkbox"/> 348.8 - Cystic Periventricular Leukomalacia (CVPL)<br><input type="checkbox"/> 315.31 - Dyspraxia Syndrome<br><input type="checkbox"/> 758.0 - Down (Trisomy 21 or 22, G)<br><input type="checkbox"/> 758.2 - Edwards' (Trisomy 18 D 1)<br><input type="checkbox"/> 313.9 - Emotional Disturbance of Childhood (Unspecified)<br><input type="checkbox"/> 742.0 - Encephalocele<br><input type="checkbox"/> 760.71 - Fetal Alcohol<br><input type="checkbox"/> 759.83 - Fragile X<br><input type="checkbox"/> 299.00 - Infantile Autism active state<br><input type="checkbox"/> 343.9 - Infantile Cerebral Palsy - Nos<br><input type="checkbox"/> 345.60 - Infantile Spasms w/o intractable epilepsy<br><input type="checkbox"/> 345.61 - Infantile Spasms with intractable epilepsy<br><input type="checkbox"/> 772.1 - Intraventricular Hemorrhage (grade IV)<br><input type="checkbox"/> 774.7 - Kernicterus | <input type="checkbox"/> 765.0 - Less than 500 grams - Low Birth Weight<br><input type="checkbox"/> 765.02 - 500 - 749 grams - Low Birth weight<br><input type="checkbox"/> 765.03 - 750-999 grams - Low Birth Weight<br><input type="checkbox"/> 755.58 - Lobster Claw (Hand)<br><input type="checkbox"/> 369.20 - Low vision both eyes (moderate to severe)<br><input type="checkbox"/> 742.1 - Microcephalus<br><input type="checkbox"/> 389.2 - Mixed conductive and sensorineural hearing loss<br><input type="checkbox"/> 742.4 - Multiple anomalies of brain - Nos<br><input type="checkbox"/> 377.23 - Optic nerve coloboma (bilateral), Acquired<br><input type="checkbox"/> 743.57 - Optic nerve coloboma (bilateral), Congenital<br><input type="checkbox"/> 359.8 - Other Myopathies<br><input type="checkbox"/> 758.1 - Patau's (Trisomy 13 D 1)<br><input type="checkbox"/> 299.80 - Pervasive Developmental Disorder (PDD)<br><input type="checkbox"/> 755.4 - Phocomelia (absence of limb)<br><input type="checkbox"/> 759.81 - Prader-Willi<br><input type="checkbox"/> 309.81 - Prolonged Post Traumatic Stress Disorder<br><input type="checkbox"/> 742.2 - Reduction deformities of brain (Holoprosencephaly/Lissencephaly)<br><input type="checkbox"/> 362.21 - Retinopathy of prematurity (grades 4 & 5)<br><input type="checkbox"/> 389.10 - Sensorineural Hearing Loss - Nos<br><input type="checkbox"/> 741.00 - Spina Bifida with hydrocephalus<br><input type="checkbox"/> 741.90 - Spina Bifida w/o hydrocephalus<br><input type="checkbox"/> 952.9 - Spinal Cord Injury, Nos<br><input type="checkbox"/> 744.00 - Unspecified anomalies of ear with hearing impairment.<br><input type="checkbox"/> 379.53 - Visual deprivation nystagmus<br><input type="checkbox"/> 335.0 - Werdnig-Hoffman Syndrome (Infantile Spinal Muscular Dystrophy) |  |
| <b>B. Indicate Diagnostic Condition and ICD 9 Code(s) below if eligible due to delay or if different from above.</b><br>1. _____<br>2. _____   |   |  |